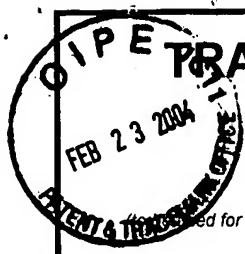


\$3654

41.



TRANSMITTAL FORM

(Not to be used for all correspondence after initial filing)

Attorney Docket No.	8773/118
Application Number	10/027,689
Filing Date	December 21, 2001
First Named Inventor	Hong Li
Group Art Unit	3654
Examiner	Kim, Sang K.

RECEIVED

MAR 02 2004

GROUP 3600

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Extension of Time Request (duplic) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings: <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> Request of Refund <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>50-0930</u> . A duplicate copy of this sheet is enclosed.	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Post Card Receipt <input type="checkbox"/> Additional Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Check in the amount of \$110.00 for 1 month extension <input type="checkbox"/> <input type="checkbox"/>
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CALCULATION OF FEE

				Small Entity		or	Large Entity	
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total		Minus		0	x \$9=	0	x \$18=	
Indep.		Minus		0	x \$42=	0	x \$84=	
First Presentation of Multiple Dep. Claim					+\$140=	--	+\$280=	
					total add'l fee	\$ 0	total add'l fee	\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael D. Gannon Registration No. 36,807 BANI AK PINE & GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606		
Signature		Date:	February 18, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on: February 18, 2004	
Signature	Date: February 18, 2004
 Michael D. Gannon	